08-01789-cgm Doc 2963-2 Filed 09/02/10 Entered 09/02/10 16:34:31 Exhibit B. Customer Claim Pg 1 of 12

## **EXHIBIT B**

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Claim Number	
Date Received	

## BERNARD L. MADOFF INVESTMENT SECURITIES LLC

in Liquidation

## **DECEMBER 11, 2008**

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

Provide your office and home telephone no.

OFFICE: 172-285-3984

HOME: 112-882-4753 + FAX

Taxpayer I.D. Number (Social Security No.)

Account Number: 1M0100
MICHAEL MATHIAS
& STACEY MATHIAS J/T WROS
1722 COCONUT DRIVE
FORT PIERCE, FL 34949

(If incorrect, please change)

NOTE:

BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL-RETURN RECEIPT REQUESTED.

- 1. Claim for money balances as of December 11, 2008\_:
  - a. The Broker owes me a Credit (Cr.) Balance of
  - b. I owe the Broker a Debit (Dr.) Balance of

\$<u>1,287,907-83</u> \$ 08-01789-cgm Doc 2963-2 Filed 09/02/10 Entered 09/02/10 16:34:31 Exhibit B. Customer Claim Pg 3 of 12

	Ċ.	If you wish to repay the Debit Balance	1	
		please insert the amount you wish to r	epay and	
		attach a check payable to "irving H. Pi	card, Esq.,	
		Trustee for Bernard L. Madoff investm	ent Securities LLC."	
		If you wish to make a payment, it mus	t be enclosed	
		with this claim form.	\$	
	d.	If balance is zero, insert "None."		
2.	Clai	im for securities as of December 11, 200	<b>08</b> :	
PLEASE	DO	NOT CLAIM ANY SECURITIES YOU H	AVE IN YOUR POSS	ESSION.
			YES	NO
	a.	The Broker owes me securities	X	
•	ь.	I owe the Broker securities		
	C.	If yes to either, please list below:		
				of Shares or unt of Bonds
Date of			The Broker	l Owe
Transacti			Owes Me	the Broker
(trade dat	( <b>4</b> )	Name of Security	(Long)	(Short)
,		SEE ATTACHED	1,289,907.8	·}
- · · · · · · · · · · · · · · · · · · ·	بخبريت	WELLIAMS AND MATERIAL STATE OF THE STATE OF		
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				-

ciaim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you ciaim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

		YES	<u>NO</u>
3.	Has there been any change in your account since December 11, 2008? If so, please explain.	<del>var ************************************</del>	<u>X</u>
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?	-	<u> </u>
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?	-	<u> </u>
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	*	K
7.	is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		Υ
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.		<u> </u>

9.	Have you or any me ever filed a claim un investor Protection A so, give name of tha	Ider the Securities Act of 1970? if
	Please list the full ne preparation of this c	ame and address of anyone assisting you in the laim form:
if you case,	cannot compute the amplease indicate your cla	ount of your claim, you may file an estimated claim. In that im is an estimated claim.
CON/	/ICTION CAN RESUL	FEDERAL LAW TO FILE A FRAUDULENT CLAIM. T IN A FINE OF NOT MORE THAN \$50,000 OR MORE THAN FIVE YEARS OR BOTH.
THE	FOREGOING CLAIM ( RMATION AND BELIEF	IS TRUE AND ACCURATE TO THE BEST OF MY
Date_		Signature
Date_		Signature
(if owr addre: than a	nership of the account is sa, phone number, and o personal account, e.g., o	s shared, all must sign above. Give each owner's name, extent of ownership on a signed separate sheet. If other corporate, trustes, custodian, etc., also state your capacity he trust agreement or other proof of authority.)

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201













